Salient Facts

1998 Health and Social Survey

Third in a series of surveys on the health and well-being of Quebecers, the *1998 Health and Social Survey* is an extension of the *1987 Santé Québec Survey* and the *1992-1993 Health and Social Survey*. The 1998 survey takes many themes and measurement instruments from its predecessors, thereby ensuring ongoing monitoring of the population's health and wellness, and associated risk factors. However, the 1998 survey added many new topics and examined others in more depth than in the previous surveys. In addition to valuable information on the physical and mental health problems of Quebecers, the survey furnishes data on their lifestyle habits and use of health and social services. The results also describe the associations between health and various environments that include one's family, social network and the workplace. The report concludes by presenting avenues of reflection that can assist in the creation of action plans based on the results.

The goals of the *1998 Health and Social Survey* were the following: provide information that can be used to evaluate and monitor the *Politique de la santé et du bien-être* (Policy on Health and Well-Being) and the *Priorités nationales de santé publique 1997-2002* (National Priorities in Public Health) set by the Québec government, monitor trends and indicators of previous surveys, and ensure the representativeness of regional data and their comparability with province-wide data.

❖ Methodological Note

The target population of the *1998 Health and Social Survey* was people living in private households in all the health regions of Québec, excluding the Cree and Inuit ones. The sample design involved stratification by both region and homogenous area. The goal of this method was to allow for analysis of each health region and ensure adequate representation of geographic areas with concentrations of underprivileged populations.

Data collection was conducted by the Léger & Léger survey firm in 1998 from January through December to take into account the seasonal nature of health problems and behaviour. Face-to-face interviews using a computerized questionnaire were conducted with a key member of the household, defined as someone at least 18 years of age capable of responding to questions regarding the health of each member of the household. A total of 11,986 key respondents agreed to answer the questionnaire, representing a total weighted response rate of 82%. Overall, data were collected on a sample of 30,386 people. Members of the household 15 years of age and over were asked to fill out self-administered questionnaire containing more personal questions. Among eligible individuals, 20,773 responded to this questionnaire, giving a weighted response rate of 69%. The results were weighted for age, sex and health region so they would be representative of the Québec population.

Themes studied in the 1987 and 1992-1993 surveys – Gains and losses in 1998

❖ Gains

***Accidents Causing Injury*:** In 1998, approximately 65 per 1,000 Quebecers reported having been a victim, over a 12-month period, of an accident causing an injury serious enough to limit activity or generate a visit to a doctor. The accidents occurred mainly at home (both indoors and outdoors), the workplace, and recreation/sports locales. There was a pronounced decrease in the rate of accidents causing injuries between 1992-1993 and 1998 (from 80 per 1,000 to 65 per 1,000). This decrease occurred mainly in the 15-44 age group, who in 1992-1993 presented the highest rates. The overall drop can be explained by a decrease in motor vehicle and workplace accidents involving injury.

***Mental Health*:** In 1998, the proportion of people who scored high on the psychological distress scale was greater in women and in young people 15-24 years of age. The decrease in the proportion of Quebecers presenting high psychological distress, from 26% in 1992-1993 to 19% in 1998, is one of the most interesting findings to emerge from this survey, because the opposite trend was observed between 1987 and 1992-1993. However, proportionally more young people 15 to 24 years of age scored high on the scale in 1998 than in 1987, though this group showed some improvement from 1992-1993.

***Women's Health Behaviours*:** The proportion of women 50-69 years of age (a group specifically targeted by the breast cancer screening program) who reported they had a clinical examination of the breasts in the previous 12 months or a mammogram in the previous 2 years, continues to increase. The proportion of women 15-44 years of age using oral contraceptives showed an increasing trend between 1992-1993 and 1998, particularly in women 25-34 years of age. More women 45 years of age and over reported they were taking hormones to prevent or treat symptoms of menopause in 1998 than in 1987 and 1992-1993.

❖ Losses

***Health Problems*:** Nearly two-thirds of Quebecers reported having at least one health problem in 1998. The proportion of people reporting having at least one health problem was greater in women compared to men, and this proportion increased with age in both sexes. Half of the population indicated having at least one long-term problem, namely one with a duration of 6 months or more. Bone and joint problems, such as arthritis and rheumatism, backache and spinal problems, as well as headaches, allergies of all types, and hypertension were the most frequently reported health problems. The most frequent health problems remained the same between 1987 and 1998, but their prevalence increased slightly during this period. Of particular note was an increase in the prevalence of diabetes (1.6% in 1987 to 2.8% in 1998).

***Suicidal Thoughts*:** In 1998, the results suggest that approximately 222,000 Quebecers 15 years of age and over had seriously considered suicide in the course of the preceding 12 months. The prevalence of suicidal thoughts rose from 3.1% in 1987 to 3.7% in 1992-1993, attaining 3.9% in 1998. The increase observed between surveys was not statistically significant, but the trend suggests the phenomenon is not improving. As in previous *Santé Québec* surveys, people 15-24 years of age were proportionally more likely to report having had suicidal thoughts.

***Activity Limitation*:** Approximately one in ten Quebecers living in a private household had a long-term activity limitation in 1998, a noticeable increase over what was observed in 1987, particularly among people 65 years of age and over. Bone and joint problems were the most reported, and were twice as likely to be the cause of long-term activity limitation than cardiovascular (CVD) or respiratory diseases. Mental health problems and accidents each accounted for 8% of the causes of activity limitation reported.

***Alcohol Consumption*:** Although the proportion of people 15 years of age and over stating they had consumed alcohol over a 12-month period was the same as in 1992-1993 (80 %), there was a slight increase in mean weekly consumption. There was also an increase in high consumption of alcohol – a greater proportion of people declared having had 5 drinks or more on the same occasion, and this 5 times or more in the course of 12 months. A higher proportion of young people 15 to 24 years of age said they had been drunk 5 times or more in the course of 12 months.

Illicit Use of Drugs and Other Psychoactive Substances: Although in 1998, more than two thirds of Quebecers 15 years of age and over stated they had never used drugs in their lifetime, one in five declared having used them in the preceding 12 months. The majority of drug users were young people and men. The proportion of drug users, particularly of marijuana, seemed to gradually increase over the years, though caution is required in comparing the 1992-1993 data with those of 1998, since the questions differed slightly.

***Body Weight*:** The proportion of Quebecers 15 years of age and over classified as being overweight showed an increasing trend from 1987 to 1998. In 1998 it attained 28% of the population, versus 25% in 1992-1993 and 20% in 1987. The overweight phenomenon particularly affected men, and seemed to increase in all age groups, except youth 15 to 19 years of age. In terms of being underweight, 9% of men and 18% of women were in this category.

***Decision-Making Authority in the Workplace*:** The results revealed that 56% of the employed population had low decision-making authority at work in 1998. This was a pronounced increase from the percentage observed in 1992-1993 (44%).

***Medications*:** Since January 1997 (a year before the 1998 survey), all Quebecers can benefit from a province-run prescription drug insurance program. The proportion of people having taken at least one medication over a period of two days (53%) in 1998 was comparable to that in 1992-1993. However, there was an increase in the proportion of the population using 3 or more medications, from 14% in 1992-1993 to 17% in 1998. The highest percentage was seen in elderly people 65 years of age and over (52%). The proportion of consumers of prescription drugs showed an increasing trend in 1998 as compared to 1992-1993 (34% v. 31%). Increased use was seen in two classes of drugs between 1992-1993 and 1998, analgesics and stimulants. A decrease was seen in the use of cough and cold remedies and food supplements between the two surveys.

❖ Phenomena Which Remained Stable

The phenomena indicated below could not be clearly classed into the gain or loss categories because they demonstrated neither worsening nor improvement.

***Perception of Health Status*:** In 1998, the vast majority (nearly 90%) of the population 15 years of age and over perceived their health status as good, very good or excellent. This perception remained essentially the same as that seen in 1987, in both men and women. However, in 1998, a greater proportion of young people 15 to 24 years of age described their health status as fair or poor compared to 1987.

***Suicide Attempts*:** With respect to the prevalence of suicide attempts, no change was observed between 1987 and 1998. In 1998, 5 per 1,000 Quebecers reported having attempted suicide over a 12-month period. The highest rate was observed in young people 15 to 24 years of age.

***Smoking*:** In 1998, 34% of Quebecers 15 years of age and over smoked cigarettes, either every day (31%) or occasionally (3.5%). This prevalence was the same as in 1992-1993. Overall, proportionally fewer women smoked than men, particularly in the 20-24 age group. However, no difference in smoking prevalence was observed between the sexes in the population 15 to 19 years of age.

***Physical Activity*:** In 1998, 26% of the population 15 years of age and over engaged in physical activity 3 times or more a week during their free time. However, nearly half of the population (48%) engaged in physical activity either less than once a week (19%) or not at all (29%). Compared to 1992-1993, the proportion of sedentary people showed an increased trend (particularly in men), although that of active people remained stable.

***Use of Health and Social Services*:** The proportion of people consulting doctors remained unchanged, but that of seeing other health professionals increased, a phenomenon that can be attributed to an increase in consulting pharmacists. The 1998 survey also revealed that 23% of the population who had consulted a health professional had done so for preventive reasons or routine examinations. The most frequently reported health problems cited for consulting a doctor were bone and joint problems (10%) and respiratory ailments (9%).

***Support Network*:** Between 1992-1993 and 1998, the various characteristics of people's social environment and their appreciation of it showed no change, except that a higher proportion of people 25 to 64 years of age stated they were dissatisfied with their social life. According to the components of the social support index, 13% of Quebecers were dissatisfied with their social life, 10% had no confidante and approximately 5% reported one or more of the following characteristics: never participating in social gatherings, having no friends, having no one to help if in need or having no one to show him/her affection. The proportion of people living alone remained one in seven, this being the case for more women than men, especially those 65 years of age and over.

***Health and Families*:** The proportion of intact, two-parent families, who represent the majority of families, decreased in favour of single-parent families and reconstituted families. In general, two-parent families had better lifestyle habits and presented a better health and wellness profile.

New findings in the *1998 Health and Social Survey*

❖ Although they cannot be compared to the previous surveys, a number of topics studied for the first time in 1998 are of particular concern

***Private Health Insurance*:** Only one third of the population were covered for dental care in 1998, and slightly more than a quarter for eye examinations. Four in ten Quebecers could avail themselves of the services of a physiotherapist, psychologist, chiropractor, acupuncturist, osteopath… through a private insurance plan.

***Hearing and Vision Problems*:** Approximately 7% of Quebecers 16 years of age and older living in a private household reported hearing loss, this condition attaining 26% in people 75 years of age and over. Nearly 40% of Quebecers 7 years of age and over had a nearsighted vision problem and approximately 25% had a farsighted vision problem. These problems had much higher rates in the older age groups.

Second-Hand Smoke: 37% of Quebecers 15 years of age and over stated they were exposed to second-hand smoke in the home daily or almost daily. This group comprised almost 25% of non-smokers and nearly 66% of smokers. In public places, approximately 25% of Quebecers said they were exposed to second-hand smoke daily or almost daily, this group comprising 19% of non-smokers and 39% of smokers.

***Food Insecurity*:** Nearly one in ten Quebecers (8%) was affected by food insecurity, which presented in ways such as monotony in the diet, having to restrict food intake, or not being in a position to provide a balanced diet to one's children.

***Sexual Behaviour and Condom Use*:** Although nearly 75% of heterosexuals stated having had only one sexual partner in the previous 12 months, 10% of sexually active people said they had had more than one. Of note, 60% of the latter group put themselves at risk by not routinely using a condom, particularly those who also had a regular partner with whom they were living. In people 15 to 29 years of age, 15% had had their first sexual encounter before the age of 15. Nearly 2% of the population 15 years of age and over having had sexual relations reported having been treated for an STD in the 12 months preceding the survey.

***Sexual Orientation and Health*:** Higher proportions of homosexuals and bisexuals were living alone and were in the lowest income category ("very poor"). Smoking was more prevalent among bisexuals than heterosexuals, with a similar trend observed among homosexuals. No difference was observed in alcohol consumption among the three populations, with the exception of bisexual women, more of whom reported having been drunk on more occasions over a 12-month period. This latter group differed also in that they scored high in the psychological distress scale and low in the social support scale. Social support also seemed lower in homosexuals and bisexuals than in the rest of the population. A higher proportion of bisexuals reported having suicidal thoughts compared to heterosexuals.

***Intimacy with a Spouse (Partner), Boyfriend, Girlfriend*:** One in four Quebecers who had a spouse/partner, irrespective of whether they were living with him/her or not, reported difficulties in their relationship, judged to be serious by one in seven. More women reported relationship difficulties than men. Moreover, one in four Quebecers reported a lack of intimacy in terms of a relationship with someone, whether they had a spouse/partner or not, and this proportion was higher in young people 15 to 24 years of age and women 45 to 64 years of age.

***Traumatic Events in Childhood or Adolescence*:** In the population of people 18 years of age and over, nearly 50% reported having experienced, during childhood or adolescence, at least one of the seven critical events studied during the survey, and 10% had experienced at least three - for example, an event the thought of which frightened them for years, family problems due to alcohol consumption or drug use, unemployment in one of the parents, divorce of the parents.

Health in the Workplace: 3% of employed people reported having been a victim of physical violence and 18%, intimidation in the workplace, over a 12-month period. Unwanted sexual attention was reported by more women than men, nearly 8% versus 2% respectively. It should be emphasized that the data do not indicate whether these various manifestations of harassment came from colleagues or clients/customers. Nearly 20% of employed people were exposed to physical or chemical risks to health, namely repetitive movements involving the hands and arms, handling heavy loads, and forceful exertion when using machines

or tools. Approximately 13% were working in an intensely noisy environment, and nearly 10% had a job involving vibrations to the upper body members or were exposed to chemicals. Among people who had paid employment, 15% presented long-term muscular-skeletal problems. Approximately half of the cases of pain which interfered the most with activities were entirely or partly perceived as being related to the workplace.

***Psychosocial Environment of the Workplace*:** As mentioned earlier, more than half of employed people 15 years of age and over had a low level of decision-making authority at work. In addition, 50% of these people had to respond to high psychological job demands.

***Flu Vaccinations*:** Approximately 38% of the population 65 years of age and over had had a flu vaccination in the 12 months preceding the survey, mainly on the recommendation of a doctor. Comparing these results with those of other population surveys indicates no tangible increase in the flu vaccination rate in this age group. In addition, only 26% of people of all ages having reported at least one long-term health problem for which the flu vaccination was recommended said they had been vaccinated in the previous 12 months.

❖ Some Results Were Positive

***Perception of Mental Health*:** A very high proportion of Quebecers 15 years of age and over described their mental health as excellent, very good or good (92%). These results show coherence with those of Quebecers' perception of overall health.

***Hospitalization, Day Surgery and Post-Hospitalization Services*:** Hospitalization was linked to older age, lower education and lower income. Waiting time for hospital admission was much lower than that for day surgery - not unusual given that many people requiring hospitalization need to be hospitalized immediately. A high proportion of people described the waiting time for hospitalization or day surgery as acceptable. They also stated that the duration of their hospital stay and home assistance following any of the services they received was sufficient (75% to 88% of people according to the situation examined).

Diet: The majority (84%) of Quebecers 15 years of age and over had a positive perception of their eating habits which they described as good, very good or excellent. This proportion was much higher than that observed in the 1990 *Enquête québécoise sur la nutrition* (Quebec Nutrition Survey) (72%).

***Info-Santé CLSC (Health Information Hotline)*:** The main users of this health information hotline were people in households with young children, particularly 2 years of age or under. Target users were indeed using this service, since many presented socio-sanitary characteristics more likely to require health service delivery such as a need for hospitalization or day surgery, a negative perception of health status or an activity limitation. The exception were people whose mother tongue was not French, and men, particularly those 15 to 24 years of age, who were less likely to be aware of and use this service.

***Spirituality, Religion and Health: An Exploratory Analysis*:** People who perceived themselves as being in poor health, who stated they had at least one long-term health problem, and who were limited in their activity level, were more likely to consider the spiritual dimension of life as being important and to regularly attend a place of worship. People who said they belonged to a religion and who attended church or other place of worship were less likely to smoke, consume alcohol, use drugs, score high on the psychological distress scale or have suicidal ideas over a 12-month period. Moreover, they were more likely to score higher on the social support scale. It should be emphasized that age probably played a role in these results.

Overall, the analysis of the various health and social indicators revealed that younger people and those in lower socioeconomic levels were the most vulnerable groups in terms of health and wellness.

This document is a summary of the results of the *1998 Health and Social Survey*. Nearly 75 researchers from the *ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services), Regional Health Boards, Public Health Departments, universities and other related sectors, and fifty external readers collaborated in producing the report on this survey. In addition, since the survey collected data representative of Quebec's regions, reports have been published by Regional Health Boards based on their particular needs.

In conclusion, the *1998 Health and Social Survey* can be considered an "engine" which propelled further rounds. L'*Enquête québécoise sur les limitations d'activité* (Quebec Activity Limitation Survey), l'*Enquête sur la violence envers les conjointes dans les couples québécois* (Survey on Violence Against Women in Québec Couples) et l'*Enquête sur l'activité physique et la santé* (Physical Activity and Health Survey) have all been conducted, using face-to-face or telephone interviews on sub-samples of the respondents to the *1998 Health and Social Survey*. Two shorter telephone surveys were also conducted, one related to a summary health index of the population (*SF 36*), and the other measuring the effect of the 1998 ice storm (which occurred at the beginning of data collection) on the results of the *1998 Health and Social Survey*.

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